MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

11683

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospt.

Stay in hospital or inst. (yrs., or mos., or days): less than 1 da.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Beverly Davidson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 11 - 1924

8. AGE: Years	Months	Days	If less than one day
16	5	24	hrs. min.

9. Birthplace: Bridgeton New York
(Town, county, and state)

10. Usual occupation: Waitress

11. Industry or business:

FATHER 12. Name: William Davidson

FATHER 13. Birthplace: Washington Iowa

MOTHER 14. Maiden name: Ina Bowman

MOTHER 15. Birthplace: Franklin Forks Penna

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 6 1940 (month) (day) (year)

Cemetery or crematory: Catholic

Location: Elkton Md

18. Funeral director: Joseph R. Grant

Address: North East, Md

19. Nov 4th 1940 (Date rec'd by registrar) James H. Boyd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4 1940, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Shock - Abdominal Hemorrhage	
Due to Penetrating wound of abdomen	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 11/4/40

Where did injury occur? Near Elkton (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?): Route # 40

Means of injury: Auto accident Injured at work? No

23. SIGNATURE: J. A. Lanier M.D. Dep. Medical Examiner

Address: Aberdeen, Md Date signed 11/4/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

11684

CERTIFICATE OF DEATH

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town near magnolia

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 100 – West 26th

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Lawrence / Dawson

3. (b) Social Security Number 220-10-6758

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1911

8. AGE:

Years	Months	Days	If less than one day
29	7	5	hrs. min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation auto mechanic

11. Industry or business

FATHER

12. Name John W. Dawson

13. Birthplace Caroline County

MOTHER

14. Maiden name Naomi G. Sedgwick

15. Birthplace Talbot County

16. Informant Mr. K. R. Thomas

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3, 1940 (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge, Maryland

19. Funeral director K. R. Thomas

Address Cambridge, Maryland

19. Nov. 30 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940, at Between 6-7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death Probable Fractured Cervical Vertebra with Cord Injury

Due to Crushing wound of Chest

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/30/40

Where did injury occur? near Magnolia (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Automobile Injured at work? no

23. SIGNATURE J. H. Lamm M. D. Deputy Medical Exam.

Address Aberdeen, Md. Date signed 11/30/40

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DEC 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11685

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County: Harford
City or town: Edgewood Arsenal
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Edgewood Arsenal,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 10th Chemical Co. (Maint)
(If rural, give LOCATION)
2.(a) If veteran, name war: World

3. (a) FULL NAME: DeCesare, Francis S.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mena W. DeCesare
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 26, 1888

8. AGE: Years	Months	Days	If less than one day
51	10	28	hrs. min.

9. Birthplace: Malta (Town, county, and state)
10. Usual occupation: Soldier
11. Industry or business: U. S. Army

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Service Record
Address: U. S. Army

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 27. 1940 (month) (day) (year)
Cemetery or crematory: Edgewood Arsenal.
Location: Edgewood Arsenal, Md

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Nov 25 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1940, at 6:25 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 1940, to - - - 19- -
and that I last saw h. im alive on November 24 1940

Immediate cause of death: Coronary occlusion — DURATION: 1 hour
Due to:
Due to:
Other conditions: 1. Arteriosclerosis, generalized. 2. Myocardial hypertrophy with fatty degeneration.
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George D. Wilde, LT. MCR (M. D. or other)
Address: Edgewood Arsenal, Md. Date signed: Nov. 25/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11686

Reg. Diat. No. 182

1. PLACE OF DEATH:
County Harford.
City or town Belair -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: County Home.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City or town Belair, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Evans

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
Male	white	Widower.

8 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov., 1 - 1867.

8. AGE: Years 73 | Months - | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace Delta - Pa.
(Town, county, and state)

10. Usual occupation Labor.

11. Industry or business

FATHER
12. Name Henry Evans
13. Birthplace Pa.

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.

16. Informant Daniel Evans.
Address Havre de Grace - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14 - 1940. (month) (day) (year)
Cemetery or crematory Angel Hill Cemetery
Location Havre de Grace, Md.

18. Funeral director Pennington & Son,
Address Havre de Grace - Md.

19. Nov. 14 1940 V. E. Chambers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to Nov 13 1940, and that I last saw him alive on Nov 10 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	6 da
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Willard P. Hudson
M. D. or other
Address Forest Hill Md Date signed 11/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

11687

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil County

City or town Perryville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Aiken Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter B. Fisher

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella V. Thorpy Fisher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 14 - 1870

8. AGE: Years	Months	Days	If less than one day
70		1	hrs. min.

9. Birthplace Woodlawn, Cecil Co. Maryland (Town, county, and state)

10. Usual occupation Retired railroad man

11. Industry or business

FATHER 12. Name William Fisher

13. Birthplace Cecil County, Maryland

MOTHER 14. Maiden name Mary Curtis

15. Birthplace Cecil County, Maryland

16. Informant Ella V. T. Fisher

Address Perryville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1940 (month) (day) (year)

Cemetery or crematory Asbury cem.

Location Perryville, Md. R.F.D.

18. Funeral director Wm. A. Patterson

Address Perryville, Md.

19. Nov. 16th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Shock - Cerebral hemorr.	
Due to Frac. of Skull	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/15/40

Where did injury occur? Perryville (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Automobile Injured at work? No.

23. SIGNATURE J. H. Kammer M. D. Dep. Medical Examiner

Address Aberdeen, Md. Date signed 11/16/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11688

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: Whitford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All his Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Whitford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: John M Guilfoyle

3. (b) Social Security Number:

4. Sex: Mal
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov 26, 1918
8. AGE: Years: 22 | Months: no | Days: 2 | If less than one day: hrs. min.
9. Birthplace: Harford Co Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Homework
FATHER 12. Name: Harry Guilfoyle
13. Birthplace: Harford Co Md
MOTHER 14. Maiden name: Alice Slacker
15. Birthplace: York Co Pa
16. Informant: Harry Guilfoyle
Address: Whitford Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 2, 1940 (month) (day) (year)
Cemetery or crematory: Mt Vernon Cem
Location: Harford Co Md
18. Funeral director: H L Bailey
Address: Darlington Md
19. Nov. 29 1940 (Date rec'd by registrar) H. L. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 1940 at 8:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1940 to Nov. 29 1940 and that I last saw h... alive on Nov. 28 1940

	DURATION
Immediate cause of death: Pulmonary Tuberculosis Laryngeal	
Due to:	
Due to:	
Other conditions: Laryngeal Tuberculosis Cardiac Failure.	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Josiah A. Hunt, M. D.
M. D. or other
Address: Cardiff, Md Date signed: 11/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 8 1948
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS ☐

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11689

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Five hours.

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? Five hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace - Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 501 Lewis Ave.,

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mrs. Alice Hipkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2 - 1875

8. AGE:

Years	Months	Days	If less than one day
65	9	27	hrs. min.

9. Birthplace Havre de Grace, Md.

(Town, county, and state)

10. Usual occupation House wife -

11. Industry or business

FATHER 12. Name James Price -

13. Birthplace Havre de Grace, Md.

MOTHER 14. Maiden name Ellen Price,

15. Birthplace Havre de Grace, Md.

16. Informant Hospital Records,

Address Havre de Grace - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2 - 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Bakers Cemetery,

Location Aberdeen - Md.

18. Funeral director Pennington & Son,

Address Havre de Grace - Md.

19. Nov 30th 1940 (Date rec'd by registrar) James K. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1940, to - 19

and that I last saw her alive on November 29 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	Hours
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. N. Steiner M. D. or other

Address Havre de Grace Md Date signed 11-30-40

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48-B

11690

WITHIN CORPORATE LIMITS ?

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 116 So. Washington St.
Stay in hospital or insf. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 116 So. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Nellie Serena Jackson

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Walter T. Jackson

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1940 1868

8. AGE:

Years	Months	Days	If less than one day
72	3	4	— hrs. — min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business Home

FATHER
12. Name Wm Moore
13. Birthplace Md.

MOTHER
14. Maiden name Mary O'Neill
15. Birthplace Md.

16. Informant Mrs. Esther A. Smith
Address Havre de Grace, Md.

17. Burial Date thereof Dec. 2, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill
Location Havre de Grace, Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Dec. 2nd 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 19 40, at 1:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 19 40, to Nov. 30 19 40, and that I last saw her alive on Nov. 30, 19 40.

	DURATION
Immediate cause of death Carcinoma of Uterus	
Due to Carcinomatosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Lewis M.D.
M. D. or other
Address Havre de Grace Date signed 11-30-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

11691

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre De Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 457 Green St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Lindstrom (stillborn)

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 16 - 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Havre De Grace. Hgd. Co. Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name William Lindstrom

13. Birthplace Bradford Pa

MOTHER

14. Maiden name Lillian May Hemenger

15. Birthplace Fredonia N. Y.

16. Informant Hospital Records + Mother

Address Havre de Grace - Md.

17. Burial - (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 18-1940. (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery.

Location Havre de Grace - Md.

18. Funeral director Pennington & Son.

Address Havre de Grace - Md.

19. Nov. 18th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 11 P. M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death

Due to Stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 11/17/40

RECEIVED
DEC 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11692

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: Castleton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Castleton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Charles M. Little

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 9, 1934

8. AGE: Years: 6 | Months: 8 | Days: 21 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Oliver M. Little
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden name: Carrie H. Cooper
15. Birthplace: York Co., Penna.

16. Informant: Oliver M. Little
Address: Darlington, Md.

17. Burial (Burial, cremation, or removal?) Date thereof: Dec 2 1940 (month) (day) (year)
Cemetery or crematory: Falvmade Cem
Location: Harford Co., Md.

18. Funeral director: H. L. Bailey
Address: Darlington, Md.

19. (Date rec'd by registrar) Nov. 30 19 40 — M. H. Kirk, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1940, at 5 4. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 26 1940, to Nov 30 1940
and that I last saw him alive on Nov. 28. 1940

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to: Natural	
Due to:	
Other conditions: Rickets	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. L. Snodgrass, M. D. or other
Address: Darlington Date signed: 11/30/40

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DEC 6 1940
BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

This is all the data that we could get.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(168)

CERTIFICATE OF DEATH

This man had no relatives that we could find.

Reg. Dist. No. 180

11693

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 das.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre De Grace Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 353 Giraid St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John McCarthy

3. (b) Social Security Number:

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: unknown.

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 15 - 1863

8. AGE: Years 77 Months 4 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: —

11. Industry or business: Unknown.

FATHER 12. Name: Unknown.

13. Birthplace:

MOTHER 14. Maiden name: Unknown.

15. Birthplace:

16. Informant: Hospital records.

Address: Havre de Grace - Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 28 - 40. (month) (day) (year)

Cemetery ~~or crematory~~: Angel Hill Cemetery.

Location: Havre de Grace - Md.

18. Funeral director: Pennington & Son

Address: Havre de Grace - Md.

19. Nov. 27 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1940, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Fracture of Skull

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of: 11/23/40

Where did injury occur? Havre de Grace (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?): Street

Means of injury: Struck by another man & Felled to ground Injured at work? No

23. SIGNATURE: J H Ramsey M.D. Dep. Medical Examiner M.D. or other

Address: Aberdeen, Md. Date signed: 11/26/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11694

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Joppa (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Joppa (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Frderick R. Mrstl

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna Trieber
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar 1 - 1879

8. AGE: Years	Months	Days	If less than one day
61	8	5	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Chemical plant Operator
11. Industry or business: Edgewood Arsenal

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mrs Fred Mrstl
Address: Joppa Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 9 1940 (month) (day) (year)
Cemetery or crematory: Parkwood,
Location: Baltimore County, Md.
18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Nov 7 1940 (Date rec'd by registrar) Emily M Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6 1940 at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1940, to Nov 6 1940 and that I last saw h... alive on Nov 6 1940

Immediate cause of death	DURATION
Carcinoma of Stomach	10 mo
Due to, (Operated Feb 40)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Clark Roth M. D. or other
Address: Edgewood Date signed: Nov 6 40

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DEC 5 1940
BUREAU OF

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11696

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Fallston (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Harford

City or town Fallston (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lillie May Middendorf

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ✓

7. Birth date of deceased (mo., day, yr.): October ?

6.(c) If alive, give age 1876 years

8. AGE: Years 64 | Months 1 | Days ✓ | If less than one day ..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation House Keeper

11. Industry or business

FATHER 12. Name John H. Middendorf

13. Birthplace Germany

MOTHER 14. Maiden name Casandra Everett

15. Birthplace Md.

16. Informant Mr Leo Middendorf

Address Fallston, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Nov 17 (month) (day) (year)

Cemetery or crematory Mountain Cem.

Location Joppa, Md.

18. Funeral director Hornberger & Gross

Address Benson, Md.

19. Nov 16 1940 (Date rec'd by registrar) A. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 12.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 1940, to November 15 1940 and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Heart Failure	
Due to Coronary Occlusion	?
Due to Arteriosclerosis	?
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Melvin N. Borden M.D. M. D. or other

Address Jarrettsville, Md Date signed 11/16/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

11695

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 921 Granby St. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Michael Miller

3.(b) Social Security Number: 3

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1876.

8. AGE: Years: 64 Months: — Days: 25 If less than one day: — hrs. — min.

9. Birthplace: Baltimore - Md. (Town, county, and state)

10. Usual occupation: Retired.

11. Industry or business

FATHER

12. Name: Carl Miller.

13. Birthplace: Balto., Md.

MOTHER

14. Maiden name: Caroline Wieme.

15. Birthplace: Baltimore - Md.

16. Informant: Emma Taverner.

Address: 1919 - Eastern Ave., Balto., Md.

17. Burial - (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 29 - 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Carmel Cem.

Location: O'Donnell St., Balto., Md.

18. Funeral director: Martin N. E. Dippel.

Address: Lombard & Ann Sts., Balto., Md.

19. Nov 28th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 27 1940 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Probable fracture of skull. Secondary Bronchopneumonia

Due to:

Due to:

Other conditions: Compound fracture of Rt. tibia & fibula. (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 11/22/40

Where did injury occur? Havre de Grace (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?): Route #40

Means of injury: Struck by auto Injured at work? No.

23. SIGNATURE: J. H. Ramsey M.D. Deputy Medical Examiner M.D. or other

Address: Aberdeen, Md. Date signed: 11/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (195-2)

11697

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Joppa (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Joppa
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: ~~Frasier~~ Fraizer Lee Monk
3.(b) Social Security Number: ✓

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Cola Tern Monk
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Aug 29 - 1905

8. AGE: Years 35 | Months 1 | Days 28 | If less than one day ..... hrs. ..... min.

9. Birthplace: Russell Co (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business
FATHER
12. Name: John T Monk
13. Birthplace: Russell Co Va
MOTHER
14. Maiden name: Mary E Stevens
15. Birthplace: Russell Co Va
16. Informant: Cola Tern Monk
Address: Wilna Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov 30/1940 (month) (day) (year)
Cemetery or crematory: Mountain Christian
Location: Harford Co.
18. Funeral director: Dean & Foster
Address: Bel Air Md
19. Nov 29 1940 (Date rec'd by registrar) Nannie E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1940 at 11:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never attended, to ..... 19.....
and that I last saw h..... alive on Never saw alive
Immediate cause of death: Fracture skull — DURATION: 15 minutes
Due to: accident
Due to:
Other conditions: Fracture left femur — 15 minutes
Osteomyelitis left tibia — Unknown
(Include pregnancy within 3 months of death)
Major findings of operations: ..... Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of: Nov. 27, 1940
Where did injury occur? Joppa (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) In a well
Means of injury: Stone fell on him Injured at work? yes

23. SIGNATURE: Gerald C. Palmer M.D. M. D. or other
Address: Acting Deputy Medical Examiner Bel Air, Md. Date signed: Nov 27, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

11698

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Dead on arrival

Hospital, Institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution? Dead on Arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford.

City or town Darlington

(If outside city or town limits, write RURAL and give nearest town)

Street No. none

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William Henry Mowbray -

3. (b) Social Security Number 217-14-6884.

4. Sex	5. Color or race	6. (Single, married, widowed, or divorced)
male	white	widowed.

6.(b) Name of husband or wife Alice Singleton Mowbray

7. Birth date of deceased (mo., day, yr.) Nov 1 1879 6.(c) If alive, give age ——— years

8. AGE:

Years	Months	Days	If less than one day
61		2	...hrs. ...min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business —

FATHER 12. Name George Mowbray.

13. Birthplace Maryland.

MOTHER 14. Maiden name Susie Perry -

15. Birthplace Maryland.

16. Informant Mrs. Pearl Albert.

Address Aberdeen - Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 6 1940 (month) (day) (year)

Cemetery or crematory Trinity P.E. Cemetery.

Location Churchville - Md.

18. Funeral director Pennington & Son.

Address Havre de Grace - Md.

19. Nov 5th 1940 (Date rec'd by registrar) James H. Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h...alive on ...19...

Immediate cause of death Basal Fracture of Skull

Due to ...

Due to ...

Other conditions ...

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ...

...Date of op. ...

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/3/40

Where did injury occur? Havre de Grace (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Street

Means of injury Struck By auto Injured at work? no

23. SIGNATURE J. H. Ramsey M.D. Deputy Md. Examiner M. D. or other

Address Aberdeen, Md Date signed 11/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11699

WITHIN CORPORATE LIMITS ☐

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 721 Linden Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Andrew Ridgley

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Elva Ridley

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 20, 1907

8. AGE:

Years	Months	Days	If less than one day
33	4	24	± hrs. ± min.

9. Birthplace: Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: Noah Ridgley
13. Birthplace: Harford County, Md

MOTHER
14. Maiden name: Lydia Collins
15. Birthplace: Harford County, Md.

16. Informant: Mrs. Julia Ridgley
Address: 721 Linden Lane, Havre de Grace, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 16, 1940
(month) (day) (year)

Cemetery or crematory: Greensprings M. E. Cemetery

Location: Greensprings, Maryland

18. Funeral director: Elmer E. Bullock

Address: Havre de Grace, Md.

19. Nov 15 1940
(Date rec'd by registrar)

James H. Bay
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1940, at 10 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25, 1940, to November 14 1940

and that I last saw him alive on November 13 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6-25-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: none held

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Claude Howard M. D.
M. D. or other

Address: Havre de Grace Md. Date signed 11-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

WITHIN CORPORATE LIMITS ☐

CERTIFICATE OF DEATH

11700

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (~~yrs., or mos.,~~ or days) four (4)

Stay in this community (~~yrs., or mos.,~~ or days) 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 401 S. Union Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles Leroy Robinson, Jr.

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 31 - 1940 6:50 P.M.

8. AGE:

Years	Months	Days	If less than one day
		4	hrs. — min.

9. Birthplace Havre de Grace, Harford Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Charles Robinson

13. Birthplace Md.

MOTHER 14. Maiden name Marguerite Jones

15. Birthplace Baltimore, Md.

16. Informant Husband Resident

Address Havre de Grace Md

17. Burial Date thereof Nov. 5th 1940
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery or crematory Angel Hill Cemetery

Location Havre de Grace - Md.

18. Funeral director Pennington & Son,

Address Havre de Grace - Md.

19. Nov. 5th 1940 James H. Boyd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1940, to Nov 4 1940, and that I last saw h~~im~~ alive on Nov 4 1940.

	DURATION
Immediate cause of death Congenital malformation of heart	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 11/5/40

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11701

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: Dublin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Dublin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Charles F. Rockey

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband~~ wife: Levinia Rockey
6.(c) If alive, give age: Alive years

7. Birth date of deceased (mo., day, yr.): Oct. 1 1866

8. AGE:

Years	Months	Days	If less than one day
74	1	28	hrs. min.

9. Birthplace: Harford Co., Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Dairy
12. FATHER Name: Wm Rockey
13. Birthplace: Lancaster Co., Md. Pa.
14. MOTHER Maiden name: Sarah Stamm
15. Birthplace: Lancaster Co., Md Pa.
16. Informant: Mrs. Charles F. Rockey
Address: Street, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Dublin M.E. Cem.
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. Nov 28 1940 (Date rec'd by registrar) M. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1940, at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1940 to Nov 28 1940 and that I last saw him alive on Died suddenly 19

Immediate cause of death	DURATION
Apoplexia	
Due to: Natural	
Due to: ~	
Other conditions: ~	

(Include pregnancy within 3 months of death)

Major findings of operations: ~ Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. P. Swoyer M. D. or other
Address: Darlington Md Date signed 11/28/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11702

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rudal Joppa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney H. Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Margaret Smith
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28. 1899.

8. AGE:

Years	Months	Days	If less than one day
41	5	19	hrs. min.

9. Birthplace Galax Va.
(Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Galax Va.

MOTHER
14. Maiden name Laura Bageus
15. Birthplace Spain.

16. Informant Hospital records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 20 1940 (month) (day) (year)
Cemetery or crematory Mountain Cemetery
Location Jappa. R 4
18. Funeral director Howard K Malone
Address Abingdon. Md

19. Nov. 18th 1940 (Date rec'd by registrar) James H Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16th 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15th 1940, to Nov 16 1940, and that I last saw h[illegible] alive on Nov 16th 1940.

Immediate cause of death	DURATION
Carcinoma of Brain	2
Due to	
Due to	
Other conditions Exhaustion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. N. Steiner M. D. or other
Address Havre de Grace Md Date signed 11-18-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1248)

CERTIFICATE OF DEATH

11703

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street Address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 das

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Conowingo Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Spangler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Spangler

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 20. 1914

8. AGE: Years	Months	Days	If less than one day
26	2	1	hrs. min.

9. Birthplace: Pulaski Va (Town, county, and state)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER — 12. Name: Charles Burnett

13. Birthplace: Va.

MOTHER — 14. Maiden name: Mollie Mc Peak

15. Birthplace: Va

16. Informant: Hospital records. Address: Havre de Grace - md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24. 1940 (month) (day) (year)

Cemetery or crematory: Angel Hill Cemetery -

Locafion: Havre de Grace - Md.

18. Funeral director: Pennington & Son.

Address: Havre de Grace md.

19. Nov. 23 1940 (Date rec'd by registrar) James H Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21 st. 1940, at 5.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1940, to Nov 21 1940, and that I last saw h- alive on Nov 21 1940.

Immediate cause of death: Cardiac Decompensation

Due to: Hypertrophic Cirrhosis

Due to: Chronic Diffuse Nephritis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Havre de Grace md Date signed 11-22-40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11704

1. PLACE OF DEATH (92d)

County Harford — Registration Dist. No. 181

Village or City Havre de Grace, Md. R.D. No. 1, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara Jane Tallenger — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (*write* the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Wm. Ottis Tallenger

6. DATE OF BIRTH (month, day, and year) May 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Homemark

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) Oct 1940 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

FATHER

13. NAME Joseph M. Page

14. BIRTHPLACE (city or town) Harford Co., Md (State or country)

MOTHER

15. MAIDEN NAME Charity Gallion

16. BIRTHPLACE (city or town) Harford Co., (State or country) Md

17. INFORMANT J. Wilmer Tallenger (Address) Havre De Grace, Md. R.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Run Cem. Date Nov. 8, 1940

19. UNDERTAKER H. S. Bailey (Address) Darlington, Md.

20. FILED Nov. 7, 1940 Bertha B. Knight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Nov. 5, 1940

I last saw h~~er~~ alive on Nov. 1, 1940; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 5 1940
Dther Contributory Causes of Importance:	
Myocarditis	5 yrs

Neme of operation ____ Dete of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. No

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. E. Gallion M. D.

(Address) Darlington Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11705

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Long Bat. Harbor Abingdon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Harford.
City or town: Edgewood, R. F. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jacob Tanacek

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Anna Tanacek
6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 8 Sept 1880

8. AGE:

Years	Months	Days	If less than one day
60	2	13	____ hrs. ____ min.

9. Birthplace: Czechoslovakia (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Frank Tanacek
13. Birthplace: Czechoslovki,

MOTHER
14. Maiden name: Unknown
15. Birthplace: Czechoslovki,

16. Informant: Anna Tanacek,
Address: Edgewood, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 (month) 23 (day) 1940 (year)
Cemetery or crematory: St. Francis,
Location: Abingdon, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Nov 22 1940 (Date rec'd by registrar) Emily M. Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1940, at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Nov 21 1940, and that I last saw h-im alive on Nov 20, 1940 19____.

	DURATION
Immediate cause of death: Coronary Thrombosis	6 hrs
Due to: Arteriosclerosis	?
Due to:	
Other conditions: Paralysis Agitans	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Ralph Horsey M.D. M. D. or other
Address: Churchville Md Date signed Nov 22

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BUREAU V. S.

11706

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County: Harford

City or town: near Forrest Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 hrs.

Hospital, institution, or street address where death occurred: Forrest Hill, R.F.D.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Churchville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Harford Co.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Vernon Dean Taylor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 5th 1940

8. AGE: Years | Months | Days: 28 | If less than one day ..... hrs. ..... min.

9. Birthplace: near Churchville Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Vaughn Taylor
13. Birthplace: Grayson Co Va

MOTHER
14. Maiden name: Grace Wyatt
15. Birthplace: Grayson Co Va

16. Informant: Vaughn Taylor
Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 4-1940 (month) (day) (year)

Cemetery or crematory: White Top

Location: Grayson Co Va

18. Funeral director: Dean & Taylor
Address: Bel Air Md

19. Nov 4 1940 (Date rec'd by registrar) N.E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Probably accidental suffocation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 11/2/40

Where did injury occur? near Forrest Hill (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Bed Covering Injured at work?

23. SIGNATURE: J. H. Ramsey M.D. Deputy Medical Examiner

Address: Aberdeen Date signed: 11/3/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

11707

Reg. Dist. No. 183

1. PLACE OF DEATH

County Harford

City or town Forest Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Nr. Forest Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Minnie Hill Tenley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 30 1850

8. AGE: Years	Months	Days	If less than one day
90	0	20	..... hrs. ..... min.

9. Birthplace Not Known

(Town, county, and state)

10. Usual occupation Home keeper

11. Industry or business Retired

FATHER 12. Name Henry Tenley

13. Birthplace Not Known

MOTHER 14. Maiden name Mary Ellen Cressy

15. Birthplace Not Known

16. Informant Mrs L W Durham

Address Forest Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23 - 40 (month) (day) (year)

Cemetery or crematory Friendship Cem

Location Fallston Md

18. Funeral director C E Hunt & Son

Address Jarrettsville Md.

19. Nov. 23 1940 Thomas Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21st 1940, at 3 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940 to Sept 22 1940 and that I last saw her alive on Nov 21st 1940

Immediate cause of death	DURATION
Carcinoma of Stomach	6 mos?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard R. Henderson M. D. or other

Address Forest Hill, Md Date signed 11/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11708

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS ☐

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 wks.

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre De Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Samuel Tome

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 15. 1881

8. AGE:

Years	Months	Days	If less than one day
59	2	26	hrs. min.

9. Birthplace: Havre De Grace Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Leonard Tome

13. Birthplace: Penna.

MOTHER

14. Maiden name: Susan Shoafe

15. Birthplace: Havre De Grace Md.

16. Informant: Hospital Records.

Address: Havre de Grace - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 15-1940 (month) (day) (year)

Cemetery or crematory: County Cemetery.

Location: Havre de Grace - Md.

18. Funeral director: Pennington & Sons.

Address: Havre de Grace - Md.

19. Nov 13 - 1940 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10th 1940, at 7:23 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1940, to Nov 10 1940, and that I last saw h[illegible] alive on Sept 9 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	
Due to Chronic Myocarditis	
Due to Cardiac Hypertrophy	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Havre de Grace Md Date signed 11/11/40

Penrod

RECEIVED
DEC 5 1940
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

11709

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:

County: Harford

City or town: near Darlington (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? approx. 1 hour

Hospital, institution, or street address where death occurred: Died on stop log at Conowingo

How long in hospital or institution? Power House

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Phoenix (If outside city or town limits, write RURAL and give nearest town)

Street No.: Blenheim Rd. (If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Harry Wesley Treadwell

3.(b) Social Security Number: —

4. Sex: male

5. Color or race: white

6.(a) ~~Single, married, widowed, or divorced~~: Married

6.(b) Name of ~~husband or~~ wife: Martha L. Treadwell

Alive

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): June 3, 1873

8. AGE: Years 67 Months 4 Days 1 If less than one day ..... hrs. ..... min.

9. Birthplace: Timonium, Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Self

FATHER

12. Name: William S. Treadwell

13. Birthplace: Cambridge, Ohio

MOTHER

14. Maiden name: Virginia Woon

15. Birthplace: Balto. Co., Md.

16. Informant: Mrs. Martha L. Treadwell

Address: Jarrettsville Road, Phoenix P.O.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/6/40 (month) (day) (year)

Cemetery ~~or crematory~~: Prospect Hill Cem.

Location: Towson, Md.

18. Funeral director: John Burns' Sons

Address: Towson, Md.

19. Nov. 4 1940 (Date rec'd by registrar) M. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4 1940 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Cerebral Hemorrhage

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. H. Ramsey M. D. Dep. Medical Examiner M. D. of other

Address: Aberdeen, Md. Date signed: 11/4/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11710

(49-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County: Harford

City or town: Joppa (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Joppa - (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Ida Virginia Wellick

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Andrew Wellick

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Feb 15 - 1863

8. AGE: Years: 77 | Months: 8 | Days: 23 | If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: House

FATHER
12. Name: Jas Wells
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary J. Wilson
15. Birthplace: Maryland

16. Informant: Andrew Wellick
Address: Joppa Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11 (month) 12 (day) 1940 (year)

Cemetery or crematory: Union Chapel.

Location: Wilna, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Nov 9 1940
(Date rec'd by registrar)
Emily M. Shipley
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 - 40 19 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 19 1940, to Nov 8 1940 and that I last saw her alive on Nov 8 - 40 19

Immediate cause of death: Carcinoma of ovaries and uterus — DURATION: 1 year

Due to: A large mass in the abdomen, over uterus and ovary. C.W.G.R.

Due to: Primary carcinoma of ovary.

Other conditions: Surgeon could do nothing, and closed up the incision.
(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of ovaries and uterus — Date of op. Sept 6 - 40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas Port
M. D. or other

Address: Edgewood Md — Date signed: Nov 9 - 40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11711

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 10 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Floyd Whitaker

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73 | Months — | Days — | If less than one day hrs. min.

9. Birthplace Forest Hill - Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Wesley Whitaker
13. Birthplace Forest Hill, Md.

MOTHER
14. Maiden name Josephine Black
15. Birthplace Ohio

16. Informant Hospital Records.
Address Havre de Grace - Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Nov. 13-1940
(month) (day) (year)
Cemetery ~~or crematory~~ Mountain Christian Cem.
Location Mt. Edgewood - Harford Co.

18. Funeral director Pennington & Son,
Address Havre de Grace, Md.

19. Nov. 12 - 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9th 1940, at 11:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1st 1940, to November 9th 1940, and that I last saw him alive on November 9 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to: Chronic Nephritis	
Other conditions: Advanced Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Havre de Grace Date signed 11/11/40

RECEIVED
DEC 5 1940
BUREAU V. S.